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## APPLICANTS

Daryl Carvis Cromer, Apex, NC;  
 Joshua James Jankowsky, Raleigh, NC;  
 Andy Lloyd Trotter, Raleigh, NC;  
 James Peter Ward, Raleigh, NC;

## \*\* CONTINUING DATA \*\*\*\*\*

None SD.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None SD

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/06/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

53493

## TITLE

Location switch hard drive shim

FILING FEE RECEIVED 1218	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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